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FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/25/2007
NAME OF PROVIDER OR SUPPLIER LT. JOSEPH P. KENNEDY INST OF CATHOLIC		STREET ADDRESS, CITY, STATE, ZIP CODE 4419 18TH ST, NE WASHINGTON, DC 20018		
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(I 000)	INITIAL COMMENTS A follow-up licensure survey was conducted on October 24, 2007 and October 25, 2007. Five women resided at this facility. One individual in the facility was 37 years of age; however, the other four residents ranged in age from 67 to 87 years old. The individuals had diagnoses of mental retardation which varied in range from severe to mild cognitively. These women also had psychiatric diagnoses, as well as numerous medical diagnoses. The survey was conducted to determine the GHMRPs compliance with deficiencies previously cited on September 10, 2007. The findings of the survey were based on observations, interviews with residents, direct care staff, and administrative staff. Records reviewed included medical, clinical, policies, personnel records, and incident reports.	(I 000)		
(I 042)	3502.2(b) MEAL SERVICE / DINING AREAS Modified diets shall be as follows: (b) Planned, prepared, and served by individuals who have received instruction from a dietitian; and... This Statute is not met as evidenced by: Based on interviews with the Registered Nurse and Administrator, review of medical record and training records, the facility failed to ensure that modified diets were planned, prepared, and served by individuals who have received instruction from a dietitian for four (Residents #1, #3, #4, and #5) of the five residents living in the GHMRP. The findings include:	(I 042)	Email was sent to [REDACTED] on 11/16/07 to schedule meeting for training to update current modified diets and planning meals. See attached. JPKI of CC received updated nutrition review for [REDACTED] on 11/15/07. See attached.	

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
STATE FORM

TITLE

(X6) DATE

VB8Q12

If continuation sheet 1 of 10

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(I 042)	Continued From page 1 Interview with staff on October 25, 2007 revealed that a nutritionist had been by the GHMRP to monitor the clients. The review of the nutritional assessments and the current physician's orders on October 25, 2007 at 10:30 AM revealed that four (Residents #1, #3, #4, and #5) of the five residents in the facility were prescribed modified diets. The review of training records on October 26, 2007 revealed that S2 and S3 received training on Diet and Nutrition from a nutritionist on October 19, 2007. Interview with the Quality Assurance Coordinator and the record review on October 25, 2007, however revealed no evidence that the remaining direct care staff had received training on modified diets.	(I 042)			
(I 056)	3502.14 MEAL SERVICE / DINING AREAS Each GHMRP shall train staff in the storage, preparation and serving of food, the cleaning and care of equipment, and food preparation in order to maintain sanitary conditions at all times. This Statute is not met as evidenced by: Based on interviews with the direct support staff and review of the training records, it could not be determined that the GHMRP had ensured that staff were trained in the storage, preparation and serving of food, the cleaning and care of equipment, and food preparation in order to maintain sanitary conditions at all times. The finding includes: Interview with the Quality Assurance Coordinator and the record review on October 25, 2007 revealed no evidence that that staff preparing meals and implementing sanitation in the kitchen	(I 056)	Nutrition/Food Sanitation classes offered at JPKI of CC (See Course Alignment) Training sign-in sheets attached. Staff without training is registered for 11-29-07 class.		

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(I 056)	Continued From page 2 and dining areas had Food Handler's Certification.	(I 056)		
(I 090)	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on the environmental inspection, the GHMRP failed to ensure that the interior and exterior of the GHMRP was maintained in a safe, clean, orderly, attractive, and sanitary manner and free of accumulations of dirt, rubbish, and objectionable odors. The findings include: During the environmental inspection conducted on October 25, 2007 at 3:15 PM, the following observations were made in addition to those remaining from the September 7, 2007 environmental inspection: 1. The carpet on the floor in the middle bedroom was observed to be frayed at the doorway, which created a potential trip hazard. 2. The towel rack on the back of the door of the middle bedroom was partially detached.	(I 090)	1. Frayed carpet in the middle bedroom was changed around on 11/16/07 to an inconspicuous area where trip hazard can be avoided. Carpet and floors will be monitored monthly. 2. Towel rack on back of middle bedroom door was fixed on 11/15/07.	
(I 109)	3504.16 HOUSEKEEPING Each GHMRP shall label inconspicuously each item of clothing as belonging to a particular	(I 109)	Each resident chose a designated color to label	

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(I 109)	Continued From page 3 resident as indicated in his or her Individual Habilitation Plan (IHP). This Statute is not met as evidenced by: Based on the environmental inspection conducted on October 25, 2007, the GHMRP failed to label inconspicuously each item of clothing as belonging to a particular resident. The finding includes: 1. During the environmental inspection conducted at approximately 3:15 PM, clients' personal items were observed. It was discovered that Client #1 shared a bedroom and closet with another individual. The closet was continued to have the clothing stacked on the shelf and co-mingled. Interview with the Quality Assurance Coordinator during the environmental rounds revealed no system had been implemented to separate the clients' clothing stored in the closet together. 2. Client #2 shared a closet with Client #4. Observation and interview with the Quality Assurance Coordinator during the environmental rounds at approximately 3:17 PM revealed no system had been implemented to separate the clients' clothing stored in the closet together.	(I 109)	clothing item in an inconspicuous location. A color legend was developed at the home for staff reference on 11/16/07. See attached. 1. Storage bins and shoe racks were purchased on 11/14/07 to divide shared closets. See receipt. 2. Storage bins and shoe racks were purchased on 11/14/07 to divide shared closets. See receipt.	
(I 135)	3505.5 FIRE SAFETY Each GHMRP shall conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift. This Statute is not met as evidenced by: Based on review of the GHMRP's fire drill log the GHMRP failed to conduct simulated fire drills in	(I 135)	Annual Fire Drill Schedule attached. Fire drills were conducted on 10/24/07 (8:15pm), 10/26/07 (11:15pm) and 10/26/07 (10:30 am).	

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(I 135)	Continued From page 4 order to test the effectiveness of the plan at least four (4) times a year for each shift. The findings include: Interview with the Residential Program Director on October 25, 2007 at 10:30 AM by telephone revealed no evidence that records were available to substantiate that a fire drill was conducted at the GHMRP at least four times a year during each shift.	(I 135)	Fire Inspection for home was completed by District of Columbia Fire and EMS Department on October 30, 2007. See attached	
I 183	3508.4 ADMINISTRATIVE SUPPORT Each GHMRP shall have a Residence Director who meets the requirements of § 3509.1 and who shall manage the GHMRP in accordance with approved policies and this chapter. This Statute is not met as evidenced by: Based on interview and record review, the facility failed to have a residence director who met the requirements of § 3509.1 and who managed the GHMRP in accordance with approved policies and this chapter. The finding includes: Observation and interview with staff on October 24, 2007 and October 25 2007 revealed they were responsible for caring for the residents and implementing their treatment regimens. Interview with the Director of Quality Assurance on October 25, 2007 revealed she would be responsible for monitoring the GHMRP to ensure it came into compliance, and remained in compliance once the deficiencies had been corrected. The review of the list of employees on October 25, 2007 revealed that the GHMRP lacked a resident director to monitor and supervised the day to day	I 183	Organizational Chart indicating acting Residential/Community Living Director, [REDACTED] [REDACTED] since August, 2007. See attached.	

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I 183	Continued From page 5 operations.	I 183		
(I 206)	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician's certification that a health inventory has been performed and that the employee's health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that all staff had an annual health certifications on file. The finding includes: A list with the names of nine employees was provided to the surveyor for review on October 25, 2007. Annual health certificates were requested for these employees. Interview with the Quality Assurance Coordinator at 10:45 AM revealed they were not available. There was no evidence the GHMRP ensured that each employee's health status allowed him or her to perform the required duties.	(I 206)	Health Clearances Attached for all staff except for one. That staff placed on suspension pending physical on 11/16/07. See attached.	
(I 227)	3510.5(d) STAFF TRAINING Each training program shall include, but not be limited to, the following: (c) Infection control for staff and residents; This Statute is not met as evidenced by:	(I 227)	Student Transcripts and sign-in sheets attached. Staff with missing training received memo on 11/16/07 to complete	

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(I 227)	Continued From page 6 Based on Interview with the Quality Assurance Coordinator, and review of training documents, the GHMRP failed to evidence training on infection control for staff and residents. The findings include: Interview with the Quality Assurance Coordinator on October 25, 2007 revealed that the training records were not available. The review of training records submitted on October 29, 2007 revealed not evidence that any staff was a certified food handler. Record review S2 and S3 received training on Nutrition and Diet from a nutritionist on October 19, 2007. It could not be determined that infection control specific to the kitchen had been addressed with the staff.	(I 227)	trainings. See attached memo. Email sent on 11/16/07 to schedule training with staff. See tag I042.		
(I 229)	3510.5(f) STAFF TRAINING Each training program shall include, but not be limited to, the following: (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies; This Statute is not met as evidenced by: Based on interview with the Quality Assurance Coordinator and review of training documents, the GHMRP failed to provide evidence to validate staff training as warranted by the individual residents. The findings include: On October 24, 2007 during dinner at 7:15 PM Resident #1 was observed eating a double	(I 229)	Student Transcripts and sign-in sheets attached. Staff with missing training received memo on 11/16/07 to complete trainings. See attached memo.		

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(I 229)	Continued From page 7 portion of raw vegetable salad and took a long time to chew her meal. The review of the resident's therapeutic diet order on October 25, 2007 revealed that she was prescribed a soft textured diet. Interview with the Director of Nursing and the review of Individualized Staff Training record on October 25, 2007 revealed that S2 and S3 were trained on Nutrition and Diets on October 19, 2007. There was no evidence that any of the other staff had received training on nutrition and the residents modified diets. The training documents reviewed were computerized that included a list of names and a check off system that checked the training that staff had attended. Actual attendance could not be verified through signature.	(I 229)	Email was sent to [REDACTED] on 11/16/07 to schedule meeting for training to update current modified diets and planning meals. See attached. Student Transcripts and sign-in sheets attached. Staff with missing training received memo on 11/16/07 to complete Trainings. See attached.	
(I 401)	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident. This Statute is not met as evidenced by: Based on observation and record review, the GHMRP failed to ensure that assessments were conducted for individuals prior to the implementation of treatments for Resident #1 and #4. The finding includes: 1. Interview with the Director of Nursing was	(I 401)	Email was sent to [REDACTED] 11/16/07 to schedule meeting for training to update current modified diets and planning meals. See attached.	

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(I 401)	<p>Continued From page 8</p> <p>conducted on October 25, 2007 at 10:30 AM to determine the current status of the quarterly nutrition reviews. The review of the Quarterly Assessments for Residents #1 and #4 revealed that they failed to adequately address their nutritional needs.</p> <p>(a) During meal observations from 7:20 PM to 7:40 PM, Resident #4 who staff stated was vision impaired was observed eating her meal at a steady pace. The resident was observed to eat a raw tossed vegetable salad which was cut into pieces that were larger than bite size. The review of the current physician's orders revealed Resident #4 was prescribed a 1500 Calorie, Low Cholesterol, Low Fat, No Added Salt, soft texture, Cut meat into Bite Bite pieces, No Concentrated Sweets Diet. The review of the nutritional assessment dated August 2, 2007 revealed that the soft texture was not addressed in the assessment. There was no evidence the resident received her diet as prescribed.</p> <p>(b) During meal observations on October 24, 2007 from 7:20 PM to 7:55 PM, Resident #1 was observed slowly eating her meal, which included a double portion of raw tossed vegetable salad. Interview with the Director of Nursing on October 25, 2007 at 10:35 AM revealed the resident is edentulous. The review of the current physician's orders revealed Resident #1 was prescribed a 1500 Calorie, Low Fat, Low cholesterol, Low Sodium Diet with bite-size and high fiber foods. There was no evidence the bite sized pieces and high fiber requirement were addressed in the nutritional assessment. There was no evidence the resident received the bite-sized diet as prescribed.</p> <p>2. Resident #2 was administered Klonopin and</p>	(I 401)			

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(I 401)	Continued From page 9 Depakote on October 24, 2007 at 5:20 PM. The nurse stated that both medications were prescribed for behavioral support. Resident #1 was administered Sertraline HCl 100 mg tab, 2 tabs (200 mg) QD for depression at 6:14 PM. There was no psychiatric assessment to determine the diagnoses to support the use of the psychotropic medications. Interview with the Director of Nursing on October 25, 2007 at 10:00 AM revealed that the Psychiatrist was in the process of preparing the psychiatric assessments for the residents. There was no evidence the assessments requested during the September 10, 2007 had been conducted.	(I 401)	Email for October 3, 2007 indicated that Nurse requested doctor to complete psychiatric assessment by November 30, 2007.		